

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35391

1. PLACE OF DEATH

County St. LouisRegistration District No. 8413Township GalenaPrimary Registration District No. 4513City Galena (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 17 - 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Galena Kentucky

MOTHER FATHER

13. NAME

Lewis Willis Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Reed Springs Mo

15. MAIDEN NAME

Margaret B. Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Anderson Mo

17. INFORMANT (ADDRESS)

Page Burton Galena Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Carterville

DATE

Oct-30

1933

19. UNDERTAKER (ADDRESS)

Dr. Hunt Galena Mo

20. FILED

Oct 28

1933

Nellie Irons

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 281933

22. I HEREBY CERTIFY, That I attended deceased from

Oct 27

1933, to

Oct 28

1933

I last saw him alive on Oct 28 1933 Death is saidto have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

181 accidental Burn

Date of onset

This child fell backwards into a scalding vat of water

Other contributory causes of importance:

18115

Name of operation

none

Date of

What test confirmed diagnosis?

noneWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. J. Irons

, M. D.

(Address) Galena Mo

